

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
ADDICTIVE AND MENTAL DISORDERS DIVISION

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Presentation to the 2009 Health and Human Services  
Joint Appropriation Subcommittee

**ADDICTIVE AND MENTAL DISORDERS DIVISION**

Department of Public Health and Human Services  
Legislative Fiscal Division Budget Analysis, Volume 4, Page B-290 to 325

**CONTACT INFORMATION**

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**OVERVIEW**

The **Addictive and Mental Disorders Division** is administratively responsible for publicly funded mental health and chemical dependency treatment. In addition to community-based services, the division manages three inpatient facilities: the Montana State Hospital in Warm Springs, the Montana Mental Health Nursing Care Center in Lewistown, and the Montana Chemical Dependency Center in Butte. As many as 60% of the individuals receiving mental health or chemical dependency services have co-occurring mental illness and substance use disorders.

The mission of the Addictive and Mental Disorders Division is "To implement and improve an appropriate statewide system of prevention, treatment, care, and rehabilitation for addictive and mental disorders."

The Division's fundamental values are incorporated throughout the work done in each unit:

- Consumer focused, supported, and empowered
- Community based
- Recovery focused and rehabilitation based – focus, not on symptom management, but on restoration of self esteem and attaining a meaningful role in society
- Each individual must have the opportunity to function as well as possible in normal activities such as independent living, employment, education, and social relationships
- Evidence based models of treatment

Funding for AMDD programs is a combination of state general fund, state special revenue, federal grants, and federal Medicaid match. The division employs 626 individuals and serves an estimated 23,000 Montana citizens in one or more of its programs.

## FUNDING AND FTE INFORMATION

Please see Appendix A for details about the division's funding.

### SFY 2008 Total Base Expenditures by Program and Funding

PROGRAM	FTE	NUMBER SERVED	FUNDING			
			GF	SSR	FED GRANTS	FED MEDICAID
Mental Health Administration & Services	18.50	17,583	16,479,033	4,757,896	1,526,993	25,538,763
Montana State Hospital	406.40	919	28,808,461	422,963	-	-
Montana Mental Health Nursing Care Center	122.70	115	7,693,018	-	-	-
Chemical Dependency Administration & Services	10.00	8,521	1,990,356	686,650	8,398,967	1,055,920
Montana Chemical Dependency Center	54.25	705	-	3,791,337	457,083	-
Division Administration & Operations	15.00	N/A	905,441	158,926	157,878	420,508
Total	626.85		55,876,309	9,817,772	10,540,921	27,015,191

Number served may be duplicated across facilities and programs

## SUMMARY OF MAJOR FUNCTIONS

### Mental Health Services Bureau

- Community-based system of mental health services for individuals 18 years of age and older
- Targeted population has a severe disabling mental illness (SDMI)
- Provider network includes licensed mental health centers, hospitals, community health centers, licensed practitioners
- Services provided through Medicaid, HCBS Waiver, Mental Health Services Plan, Presumptive Eligibility for crisis stabilization
- Services include inpatient and outpatient treatment as well as rehabilitation services

### Montana State Hospital (Warm Springs)

- State-operated inpatient psychiatric hospital – licensed capacity 182 (reduced from 189)
- Individuals admitted under civil, criminal, and voluntary procedures
- Admissions are those who present diagnostic and treatment needs beyond the capacity of community programs and hospitals and may include those who are diverted from the criminal justice system

### Montana Mental Health Nursing Care Center (Lewistown)

- State-operated nursing care facility – licensed capacity 182 (budgeted for 82)
- Provides long-term care and treatment to persons that require a level of care not available in communities or who will not benefit from intensive psychiatric treatment available at other settings, including the Montana State Hospital.

## **Chemical Dependency Bureau**

- Chemical dependency treatment and prevention services for adolescents and adults
- Inpatient and outpatient services as well as an education program for DUI offenders
- Services provided through provider network of 22 state-approved programs in all 56 counties
- Provided through SAPT Block Grant, state special revenue, general fund

## **Montana Chemical Dependency Center (Butte)**

- Inpatient treatment for adults with alcohol and drug addictions and those with co-occurring addictions and psychiatric disorders
- Referrals received from state-approved community treatment providers, Native American programs and private licensed addiction counselors
- Admissions on a voluntary, court-ordered, or court-committed status

## **AMDD Administration**

- Statewide Suicide Prevention Coordinator
  - Coordinates all suicide prevention activities throughout the state
  - Develop biennial suicide reduction plan
  - Develop statewide suicide crisis hotline
  - Direct statewide suicide prevention
- Behavioral Health Program Facilitator
  - Collaboration between DPHHS and Department of Corrections
  - Bridge needed services for offenders with serious mental illness and co-occurring substance use disorders
  - Shared and consistent treatment modalities with linkages for appropriate aftercare services upon discharge

## 2009 BIENNIUM GOALS AND OBJECTIVES

### 1. Establish consumer choice by increasing the availability of services for individuals enrolled in the Mental Health Services Plan

- a. Increase the number of providers with prescriptive authority who accept MHSP clients

Status: Since February 2008, as many as 22 physicians, 15 mid-level practitioners, and 16 psychiatrists have provided services to MHSP recipients. A total of 12 non-Mental Health Center practitioners provided medication management services in February 2008; 17 non-mental health center providers provided services in December 2008.

- b. Increase the number of other outpatient providers, including mental health centers, who accept MHSP clients

Status: By December 2008, 56 providers were enrolled to provide services to MHSP recipients, including 10 Federally Qualified Health Centers and 26 Rural Health Clinics.

- c. Establish baseline data for MHSP clients who receive services from expanded provider network

Status: AMDD lacks confidence in encounter claim reporting for SFY2008 and previous time periods, making comparisons difficult. The Division will use SFY 2009 as the baseline. As of December 2008, MHSP services were provided to 3,405 individuals. 77 individuals have sought services from the expanded provider network.

### 2. Provide community crisis intervention/integration into community mental health services

- a. Development of 72-hour presumptive eligibility and payment for crisis stabilization services in community hospitals and community settings for uninsured adults

Status: Begun as a pilot in seven communities across the state, the 72-Hour Program is now available to any willing provider.

- b. Establish baseline data in the following areas for second half of FY2008:

Number of individuals receiving crisis stabilization services with presumptive eligibility: 1363 unique individuals; 1715 episodes of care  
Average cost of presumptive eligibility episode – data is incomplete  
Number of individuals who require additional crisis stabilization services within 30, 90, 180 days – data is incomplete

### 3. Fully implement AMDD Home and Community Based Waiver

- a. Fill 125 slots for HCBS Waiver in three geographic areas of state

Status: There have been a total of 115 individuals served by the waiver. Currently 93 individuals are actively receiving services.

### 4. Improve use of data in delivery and management of mental health services

- a. Fully implement Recovery Marker system of measurement to report client outcome measures for employment, housing, symptom interference, and substance use

Status: Web-based data entry system was completed in late FY2007.

- b. By 2008, all mental health centers will be able to submit Recovery Marker data

Status: Training of case managers in mental health centers was completed in March 2008.

- c. Establish baseline for adults receiving case management for FY2008

Status: All six licensed mental health centers that provide adult case management regularly submit updates. As of December 1, there were 7,142 records submitted for 3,272 clients. This number represents 56% of the consumers who have received case management services in FY2008.

- d. Establish consistent reporting of screening for co-occurring disorders FY2009

Status: Community Mental Health Centers have reported screenings in FY2008 and FY2009 on an average of 50% of admissions. AMDD is developing a training contract to monitor and assist mental health centers to improve screening and reporting.

5. Improve chemical dependency and methamphetamine treatment outcomes through expanded community treatment

- a. By 2008, expand community based residential services by 7 homes which provide best practice substance abuse treatment

Status: Seven treatment homes have been opened, including two targeted for Native American men and women. Two homes provide treatment at Level 3.5; the remaining 5 homes are at Level 3.1.

- b. By 2008, develop, implement and monitor measurable performance standards that include development of baseline data in these areas

Status: Increase the length of time of non-use

The total number of clients admitted into specialized treatment homes since January 2008 is 126. Of those clients only one has experienced relapse. This client was referred to a higher level of care and upon completion of treatment returned to community home and has continued to remain sober.

Decrease the incidence of involvement with the criminal justice system

23% have been referred from the criminal justice system. Less than 1% of these individuals have experienced an arrest following referral.

Decrease admissions to inpatient treatment

The number of clients admitted to Level 3.5 is 69.

Increase in length of gainful employment:

31% of clients were employed at time of admission; 3 months post discharge, 66.7% were employed

6. Reduce the number of persons readmitted to Montana State Hospital within six months of a previous discharge

- a. Achieve a 10% reduction in the number of persons readmitted to MSH within 7 months of a previous discharge

Status: In FY2007, 134 of 682 admissions had been discharged within the previous six months (19%). In FY2008, 133 of 723 admissions (18.4%) had been discharged within the previous six months. Goal of 10% reduction was not met.

7. Maintain a rate of restraint intervention use at or less than the national average for state psychiatric hospitals

Status: The MSH average number of restraint hours per 1000 patient hours for twelve months ending October 2008 is .15. The most recent national state psychiatric hospital average rate for a twelve month period is .70. The average percent of patients of clients restrained at MSH for the twelve month period ending October 2008 is 2.61 compared to the national figure of 4.07 for the most recent twelve month period.

8. Maintain a rate of seclusion intervention use at or less than the national average for state psychiatric hospitals

Status: The average seclusion hours per 1000 client hours for twelve months ending October 2008 is .51. The most recent national state psychiatric hospital average rate for a twelve month period is .62. When comparing the percent of clients placed in seclusion, MSH average for twelve months ending October 2008 is 3.90 patients per month compared to the national average of 2.53 individuals for the twelve most recent months.

9. Maintain a skilled workforce at Montana State Hospital

- a. 95% of MSH workforce will receive 12 hours or more of continuing education annually

Status: 88% of workforce received targeted continuing education. MSH is identifying steps to improve this percentage.

- b. 90% of the scheduled shifts for Registered Nurses will be filled

Status: From pay period information in November 2008, 72% of shifts were filled with RNs. This figure includes both employees and contracted nurses. Salaries for RNs were increased around the first of the year and that has been helpful in retaining staff.

10. Evaluate impact of new community services on utilization of Montana State Hospital

Status: Availability of new services has helped reduce the hospital's average daily census from 204 in FY2008 to 184 in FY2009 through the end of November.

## **ACCOMPLISHMENTS AND CHALLENGES ENCOUNTERED DURING THE 2009 BIENNIUM:**

### **ACCOMPLISHMENTS:**

#### Mental Health

- Development and implementation of 72-hour Presumptive Eligibility Program for crisis stabilization
- Expansion of Mental Health Services Plan provider network and transition to fee for service program
- Goal 189 – individualized discharge plans for individuals at MSH
- Mental Health Drop-in Centers
- Montana State Hospital average daily census below licensed capacity
- Statewide suicide hotline opened
- 102 secondary schools implemented SOS Program
- MMHNCC given a five star quality rating by CMS
- Reduction in Workers' Compensation medical and indemnity claims at all three facilities
- 7 new residential homes for methamphetamine and chemical dependency treatment
- Substance Abuse Management System (SAMS)
- State Prevention Framework – State Incentive Grant

### **CHALLENGES**

- Recruitment and retention of staff at all three facilities
  - Physicians / psychiatrists
  - Registered nurses
  - Licensed practical nurses
  - Psych techs
- Census at Montana State Hospital
- Development of HCBS Waiver
- Stigma reduction

**Department of Public Health and Human Services  
Addictive and Mental Disorders Division**

**Goals and Objectives for the 2011 Biennium  
Submitted September 15, 2008**

**Goal: Provide services that sustain and improve the lives of individuals with mental illness and addictive disorders in appropriate settings**

Objectives	Measures
<p>1. Develop and support a community based system of care that is recovery-focused and consumer driven, and includes evidence based modalities</p>	<p>Implement the Illness Management and Recovery treatment model</p> <p>Provide direction and support to providers for delivery of recovery-focused services that results in improved outcomes for employment, housing, and other major life domains.</p> <p>Continue to increase the number of providers trained in strength-based case management</p> <p>Increase the use of peer services</p> <p>Provide intensive community service slots for people with high needs, to sustain them in community settings.</p> <p>Develop funding strategies for services provided to individuals with co-occurring disorders</p> <p>Provide training and support to chemical dependency providers for the implementation of a Continuous Quality Improvement (CQI) process within their programs.</p>
<p>2. Increase the capacity for community crisis services</p>	<p>Further implement 72-Hour Presumptive Eligibility Program</p> <p>Increase number of crisis stabilization bed days provided in community settings</p> <p>Provide full course Crisis Intervention Team (CIT) training to majority of law enforcement personnel statewide</p>



<p>3. Improve the use of data for service delivery and management of programs</p>	<p>Fully implement recovery marker reporting, to include all licensed mental health centers serving adults</p> <p>Implement an electronic medical record program at all AMDD facilities</p> <p>Fully implement SAMS for all chemical dependency providers</p>
<p>4. Collaborate with the Department of Corrections to improve outcomes for offenders with serious mental illnesses and co-occurring substance use disorders</p>	<p>The partnership addresses needs of offenders through shared planning, information, resources, and treatment methods</p> <p>Consistent, evidence-based practices are developed across systems</p> <p>Transitions among facilities, programs and into communities are well-integrated for offenders with mental illness and chemical dependency</p>
<p>5. Provide effective inpatient treatment that enables sustainable recovery in communities</p>	<p>Maintain applicable license and certification requirements at all AMDD facilities</p> <p>Maintain hospital census at or below licensed capacity</p> <p>Implement strategies that help all facilities maintain adequate workforce</p>
<p>6. Decrease the incidence of suicide completions across all age groups</p>	<p>Add schools that agree to implement SOS programs</p> <p>Continuously advertise suicide hotline number</p> <p>Aggressively provide risk identification programs to agencies</p>

## DECISION PACKAGES

### DIVISION ADMINISTRATION

#### PL 7101 – Fuel Inflation Reduction

- Present law base adjustment
- Reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%
- Biennial reduction of \$15 state general fund, a \$3 reduction in state special revenue and a reduction of \$8 of Federal funds

#### **Total Agency Impact    General Fund Total**

FY 2010	(\$12)	(\$7)
FY 2011	(\$14)	(\$8)

#### NP- 8101 – Increase Vacancy Savings to 7%

- This decision package increases the vacancy savings from 4% to 7%.
- This adjustment produces a biennial savings of \$32,927 general fund and a reduction in state special revenue of \$7,408 and in federal funds of \$25,254
- 15.0 FTE

#### **Total Agency Impact    General Fund Total**

FY 2010	(\$32,774)	(\$16,450)
FY 2011	(\$32,615)	(\$16,477)

#### PL- 33101 - AMDD Operations Present Law Adjustments

- Present law base adjustment
- Request is for an annual increase in software used for the maintenance of facility medical records and to contract with data consultants for IT system improvements at MSH.
- Requests \$24,665 general fund, \$3,791 state special revenue and \$15,945 federal funds in the 2011 biennium
- LFD reference is on page B-325

#### **Total Agency Impact    General Fund Total**

FY 2010	\$20,590	\$11,438
FY 2011	\$23,811	\$13,227

**PL- 33102 - AMDD Rent Increase**

- Present law base adjustment
- Requests \$36,178 over the biennium for rent increases at the central office location in Helena (\$20,098 general fund, \$3,089 state special revenue, and \$12,991 federal funds)
- LFD reference is on page B-325

**Total Agency Impact    General Fund Total**

FY 2010	\$14,595	\$ 8,108
FY 2011	\$21,583	\$11,990

**PL- 33405 - Annualize Suicide Prevention Program**

- Present law base adjustment
- Annualize 2011 biennium funding to 2009 biennium level of funding
- Requests \$49,352 in biennium general fund to continue funding the two call center operation contracts with the suicide prevention hotline providers in Great Falls and Bozeman
- LFD reference on page B-311

**Total Agency Impact    General Fund Total**

FY 2010	\$24,687	\$24,687
FY 2011	\$24,665	\$24,665

**MENTAL HEALTH SERVICES BUREAU**

**PL 7101 – Fuel Inflation Reduction**

- Present law base adjustment
- Reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%
- Biennial reduction of \$3 state general fund and \$4 of Federal funds

**Total Agency Impact    General Fund Total**

FY 2010	(\$3)	(\$1)
FY 2011	(\$4)	(\$2)

**NP- 8101 – Increasing 4% Vacancy Savings to 7%**

- This decision package increases the vacancy savings from 4% to 7%.
- This adjustment produces a biennial savings of \$32,948 general fund and a reduction in state special revenue of \$3,349 and in federal funds of \$28,971.
- 18.50 FTE

**Total Agency Impact    General Fund Total**

FY 2010	(\$32,578)	(\$16,443)
FY 2011	(\$32,690)	(\$16,505)

**PL- 33306 - MHSP Pharmacy Benefit - Biennial**

- Present law base adjustment
- Caseload has been declining since SFY 2006, primarily due to Medicare Part D. Through the end of September 2008, cost exceeded SFY 2008 (same period) by almost 7% and the average number of recipients increased almost 4.5% for the same period
- 2011 biennium costs are estimated to increase by 10% due primarily to price inflation, although it is estimated that caseload will begin to increase slightly
- Requests biennial increase of \$1,330,316 in tobacco (I-149) tax funding (LFD major issue)
- Biennial appropriation requested
- LFD reference is on page B-308
- LFD Issue is on pages B308, 309

**Total Agency Impact    General Fund Total**

FY 2010	\$665,158	\$0
FY 2011	\$665,158	\$0

**PL- 33401 - Medicaid FMAP - Mental Health**

- Present law base adjustment
- Change in mental health Medicaid matching rate due to federal medical assistance percentage (FMAP) rate change
- Offsetting biennial increase in general fund and reduction in federal expenditures of \$838,174
- Actual percent federal decrease from SFY 2008 base, 1.1% in SFY 2010 and 1.53% in SFY 2011
- LFD reference 15 on page B-309

**Total Agency Impact    General Fund Total**

FY 2010	\$0	\$343,319
FY 2011	\$0	\$494,855

**PL- 33402 - Medicaid Caseload Adjustment - Mental Health**

- Present law base adjustment
- Anticipates a caseload/utilization increase of slightly more than 6% per year and does not reflect any stressed economic impacts
- Even though a provider rate increase is not anticipated, professional rates are subject to RBRVS
- Increases general fund by \$3,013,281 for the biennium and federal Medicaid funding by \$6,174,665
- LFD reference is on page B-309
- LFD Issue in on Page B-306, 307, 310

**Total Agency Impact    General Fund Total**

FY 2010	\$3,474,933	\$1,129,701
FY 2011	\$5,713,013	\$1,883,580

**PL- 33404 - Annualize Mental Health Drop-In Centers**

- Present law base adjustment
- Annualize 2011 biennium funding to 2009 biennium level of funding
- Requests \$209,982 in biennium general fund to continue funding contracts with 5 community mental health drop-in centers
- LFD reference on page B-310  
LFD Issue on page B-311

**Total Agency Impact    General Fund Total**

FY 2010	\$104,991	\$104,991
FY 2011	\$104,991	\$104,991

**PL- 33407 - Annualize 72 hr Community Crisis Stabilization**

- Present law base adjustment
- Annualize 2011 biennium funding to 2009 biennium level by increasing general fund by \$2,858,346
- Actual SFY 2008 initial services started March 1, 2008 in 7 pilot communities. Services continue to be expanded as requested by communities.
- Original tele-psychiatry component delayed. Recently engaged in discussions with potential providers of distance assisted consultative psychiatric services
- LFD reference is on page B-311, 312, 313

**Total Agency Impact    General Fund Total**

FY 2010	\$1,429,173	\$1,429,173
FY 2011	\$1,429,173	\$1,429,173

**PL- 33410 - Mental Health Community Services Development**

- Present law base adjustment
- Provides operating funds for office rent, communications, travel and leased vehicle expenses to support the 5 – .50 liaison positions that provide community re-integration services to individuals discharged from Montana State Hospital.
- Tobacco tax interest (02987) is the source of funding for this service and increases \$22,726 in the 2011 biennium.
- LFD reference is on page B-313

**Total Agency Impact    General Fund Total**

FY 2010	\$ 3,764	\$0
FY 2011	\$18,962	\$0

**PL- 33414 - Annualize Home & Community Based Services Waiver**

- Present law base adjustment
- Annualize 2011 biennium funding to 2009 biennium level by increasing state special revenue (I-149) by \$3,963,807 and federal funds by \$6,088,749.
- 125 total authorized service slots for individuals with severe disabling mental illness in Billings, Butte and Great Falls
- Request assumes all clients will spend up to \$115 per day
- LFD reference is on page B-313  
LFD Issue B-313, 314  
LFD Issue B-315

**Total Agency Impact    General Fund Total**

FY 2010	\$4,526,278	\$0
FY 2011	\$4,526,278	\$0

**NP- 33408 - Annualize Intensive Community Services (Goal 189)**

- New Proposal, although started in SFY 2008 when \$218,860 spent
- Goal of the program is to provide community-based services to individuals in the interest of maintaining the MSH census at or below the licensed capacity
- For individuals with significant barriers to discharge or risk of re-admission.
- Requests \$800,000 in general fund for the 2011 biennium.
- Estimated that the program will cost approximately \$1,300,000 general fund in FY 2009.
- LFD reference is on page B-316  
LFD Issue is on page B-317

**Total Agency Impact    General Fund Total**

FY 2010	\$400,000	\$400,000
FY 2011	\$400,000	\$400,000

**MONTANA STATE HOSPITAL**

**PL 7101 – Fuel Inflation Reduction**

- Present law base adjustment
- Reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%
- Biennial reduction of \$8,723 state general fund and \$124 of federal funds

**Total Agency Impact    General Fund Total**

FY 2010	(\$4,119)	(\$4,061)
FY 2011	(\$4,728)	(\$4,662)

**PL- 33501 - MSH Restore OT/Holiday Worked /Aggregates**

- Present law base adjustment
- Medical facility with 24 hour staffing
- This request asks for overtime, shift differential, holidays worked, doctor on-call pay, and aggregate positions with benefits to be restored to the 2008 actual level
- Request is for \$5,917,022 general fund for the 2011 biennium
- Aggregate positions are used to provide coverage for staff on sick leave, vacation leave, and in-staff training classes.
- LFD reference is on page B-315

**Total Agency Impact    General Fund Total**

FY 2010	\$2,914,789	\$2,914,789
FY 2011	\$3,002,233	\$3,002,233

**PL- 33502 - MSH Present Law Adjustments**

- Present law base adjustment
- Inflation increases for contracted food service, pharmacy, outside medical and dental increase 10% per year
- Request is for \$1,151,480 general fund increase for the 2011 biennium.
- LFD reference is on page B-315

**Total Agency Impact    General Fund Total**

FY 2010	\$531,713	\$531,713
FY 2011	\$619,767	\$619,767

**PL- 33503 - Reduce MSH Base Budget**

- Present law base adjustment
- In FY 2008, \$775,000 transferred from personal services to cover operating costs. \$156,690 of the transfer was reverted to the general fund. The difference of \$618,310 is removed from the 2008 base budget.
- This request reduces 2011 biennium general fund by \$1,236,620
- New proposal, NP 33775, requests \$400,000 general fund over the biennium to reinstate a portion of the reduction
- LFD reference is on page B-315

**Total Agency Impact    General Fund Total**

FY 2010	(\$618,310)	(\$618,310)
FY 2011	(\$618,310)	(\$618,310)

**PL 33504 – Reduce MSH Base Budget**

- Present law base adjustment
- In FY 2008, \$176,000 general fund was transferred from personal services to cover equipment costs. This amount was removed from the 2008 base budget

	<b>Total Agency Impact</b>	<b>General Fund Total</b>
FY 2010	(\$176,000)	(\$176,000)
FY 2011	(\$176,000)	(\$176,000)

**NP- 33775 - Restore Operating Base Budget Reduction at MSH**

- New proposal
- Requests \$400,000 general fund to partially offset the reduction to base operating costs (PL 33503) which reduces MSH budget by \$1,236,620 over the 2011 biennium
- LFD reference is on page B-317

	<b>Total Agency Impact</b>	<b>General Fund Total</b>
FY 2010	\$200,000	\$200,000
FY 2011	\$200,000	\$200,000

**MONTANA MENTAL HEALTH NURSING CARE CENTER****PL 7101 – Fuel Inflation Reduction**

- Present law base adjustment
- Reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%
- Biennial reduction of \$2,021 state general fund

	<b>Total Agency Impact</b>	<b>General Fund Total</b>
FY 2010	(\$941)	(\$941)
FY 2011	(\$1080)	(\$1080)

**PL- 33601 - MMHNCC Restore OT/Holiday Worked/Aggregates**

- Present law base adjustment
- Medical facility with 24 hour staffing
- This request asks for overtime, holidays worked, and aggregate positions with benefits to be restored to the 2008 actual level
- Request is for \$925,841 general fund for the 2011 biennium
- Aggregate positions are used to provide coverage for staff on sick leave, vacation leave, and in-staff training classes.
- LFD reference is on page B-315

	<b>Total Agency Impact</b>	<b>General Fund Total</b>
FY 2010	\$451,474	\$451,474
FY 2011	\$474,367	\$474,367



**PL- 33602 - MMHNCC Present Law Adjustments**

- Present law base adjustment
- Inflation increases for pharmacy, outside medical and dental increase 10% per year
- Request is for \$494,955 general fund increase for the 2011 biennium.
- LFD reference is on page B-316

**Total Agency Impact    General Fund Total**

FY 2010	\$192,476	\$192,476
FY 2011	\$302,479	\$302,479

**CHEMICAL DEPENDENCY BUREAU**

**NP- 8101 – Increasing 4% Vacancy Savings to 7%**

- This decision package increases the vacancy savings from 4% to 7%.
- This adjustment produces a biennial savings of \$3,637 general fund and a reduction in state special revenue of \$21,836 and in federal funds of \$12,702.
- 10 FTE

**Total Agency Impact    General Fund Total**

FY 2010	(\$19,060)	(\$1,814)
FY 2011	(\$19,115)	(\$1,823)

**PL- 33201 - Medicaid FMAP - Chemical Dependency**

- Present law base adjustment
- Change in chemical dependency Medicaid matching rate due to federal medical assistance percentage (FMAP) rate change
- Offsetting biennial increase in alcohol tax (02034) and reduction in federal expenditures of \$38,710
- Actual percent change from SFY 2008 base, 1.1% in SFY 2010 and 1.53% in SFY 2011
- LFD reference 15 on page B-319

**Total Agency Impact    General Fund Total**

FY 2010	\$0	\$0
FY 2011	\$0	\$0

**PL- 33202 - CD Medicaid Caseload Adjustment**

- Present law base adjustment
- Chemical Dependency Medicaid services estimated to increase by 2.2% each year of the 2011 biennium
- CD Medicaid caseload has been flat the past couple of years and has dropped off more than 14% since SFY 2005, (number of adolescents served declined 37% during same period)
- Anticipates a modest and prudent caseload increase

- Professional rates subject to RBRVS
- Increases state special revenue (alcohol tax) by \$58,752 for the biennium and federal Medicaid funding by \$120,462 - there is no general fund
- LFD reference is on page B-319

**Total Agency Impact    General Fund Total**

FY 2010	\$72,723	\$0
FY 2011	\$106,491	\$0

**PL- 33203 - Meth & CD Regional Services Expansion**

- Present law base adjustment
- Annualizes funding to the 2009 biennial level of \$4,000,000
- Funds provide contracted long-term treatment services in seven (7) residential and supportive living programs
- Increases general fund costs by \$238,229 for the 2011 biennium
- LFD references are on pages B-319, 320

**Total Agency Impact    General Fund Total**

FY 2010	\$119,212	\$119,212
FY 2011	\$119,017	\$119,017

**PL- 33206 - Strategic Prevention Framework Incentive Grant**

- Present law base adjustment
- Funding will be utilized to provide grants to communities and augment the base expenses of \$1.896 million
- \$892,224 biennium request is all federal funds
- LFD references are on pages B-321, 322

**Total Agency Impact    General Fund Total**

FY 2010	\$446,137	\$0
FY 2011	\$446,087	\$0

**MONTANA CHEMICAL DEPENDENCY CENTER**

**PL 7101 – Fuel Inflation Reduction**

- Present law base adjustment
- Reduces the inflation factor applied to gasoline and diesel expenditures in the Executive Budget and replaces it with an inflation factor of 0%
- Biennial reduction of \$243 state special revenue and \$30 of federal funds

**Total Agency Impact    General Fund Total**

FY 2010	(\$127)	(\$0)
FY 2011	(\$146)	(\$0)

**PL- 33301 - MCDC Restore OT/Holidays Worked/Aggregates**

- Present law base adjustment
- Medical facility with 24 hour staffing
- This request asks for overtime, holidays worked, and aggregate positions with benefits to be restored to the 2008 actual level
- Request is for \$243,190 in SFY 2010 and \$250,486 in SFY 2011
- Aggregate positions are used to provide coverage for staff on sick leave, vacation leave, and in staff training classes.
- All funding is state special revenue (alcohol tax)
- LFD reference is on page B-322

**Total Agency Impact    General Fund Total**

FY 2010	\$243,190	\$0
FY 2011	\$250,486	\$0

**PL- 33302 - MCDC Present Law Adjustments**

- Present law base adjustments
- Inflation increases for pharmacy, laboratory, outside medical and dental, and facility rent and food service costs is estimated at 10% per year
- Rent and food contract provides 3% yearly adjustment
- Request is for \$253,602 alcohol tax increase for the 2011 biennium.
- LFD reference is on page B-322

**Total Agency Impact    General Fund Total**

FY 2010	\$100,503	\$0
FY 2011	\$153,099	\$0

**NP- 33702 - MCDC Modified Positions**

- New Proposal
- Continue 1.00 modified FTE for an Advanced Practice Registered Nurse (APRN) that was originally requested in SFY 2008
- The APRN is intended to back-up and assist the physician employed by MCDC on a regular and on-call basis. Without the APRN, the doctor is responsible for all after hours and weekend calls.
- All state special revenue (alcohol tax) funding
- LFD reference is on page B-323

**Total Agency Impact    General Fund Total**

FY 2010	\$115,534	\$0
FY 2011	\$116,019	\$0

**NP- 33707 - MCDC Staff Positions**

- New proposal
- The request seeks 3.0 FTE - one registered nurse and two case managers
- The total request of \$302,410 seeks to include \$287,910 in personal services and \$14,500 in operating expenses for the biennium
- All funding is state special revenue (alcohol tax)
- The registered nurse will enable the facility to increase nursing coverage on afternoon/evening and weekend shifts.
- The new case managers will coordinate with probation officers, family services (child issues); the legal system, referral sources and other outside sources involved in a patient's treatment; coordinate continued care and discharge planning (make follow-up appointments with CD providers, mental health providers, medical providers and others); obtain placement confirmations for housing, employment, etc. These changes would allow existing clinical staff to focus on clinical treatment and recordkeeping.
- LFD reference is on page B-323

**Total Agency Impact    General Fund Total**

FY 2010	\$153,682	\$0
FY 2011	\$148,728	\$0

## **SIGNIFICANT ISSUES**

Workforce Recruitment and Retention  
HIFA Waiver  
HCBS Waiver  
Services for the uninsured

Unstable economy and impact on caseload and provider network

## **LEGISLATION**

No legislation has been proposed on behalf of the Addictive and Mental Disorders Division.

## **LIST OF SIGNIFICANT DEPARTMENT INITIATIVES**

The significant initiatives that will be tracked and reported on from a Department-wide point of view are:

- **Home and Community Based Services Expansion**
  - Senior and Long Term Care Division
  - Addictive and Mental Disorders Division
- **Healthy Montana Kids**
  - Health Resources Division
  - Human and Community Services Division
- **Family Economic Security Grant**
  - Human and Community Services Division
- **Autism Waiver**
  - Disability Services Division
- **Medicaid for Workers with Disabilities**
  - Health Resources Division
  - Disability Services Division
- **Goal 189 for Montana State Hospital Census**
  - Addictive and Mental Disorders Division
- **Immunization**
  - Public and Health and Services Division
- **Family Planning**
  - Health Resources Division
  - Public and Health and Services Division

## **ROLE OF DIVISION IN SIGNIFICANT DEPARTMENT INITIATIVES**

- HCBS Waiver for serious mental illness
- Presumptive Eligibility for Crisis Stabilization
- MHSP Expansion
- Meth and CD Treatment Homes
- Goal 189

Appendix A  
Addictive and Mental Disorders Division

	2009 Biennium	2011 Biennium	% of Total	Difference	% of Difference
FTE	626.85	630.85		4.00	
Personal Services	69,529,156	77,697,776	31.7%	8,168,620	50.5%
Operating	25,850,466	30,323,811	12.4%	4,473,345	27.6%
Equipment	254,741	103,482	0.0%	(151,259)	-0.9%
Local Assistance	0	0	0.0%	0	0.0%
Grants	21,485,767	22,096,962	9.0%	611,195	3.8%
Benefits & Claims	111,424,382	114,570,722	46.8%	3,146,340	19.4%
Transfers	0	0	0.0%	0	0.0%
Debt Service	144,349	85,906	0.0%	(58,443)	-0.4%
	<b>228,688,861</b>	<b>244,878,659</b>	<b>100.0%</b>	<b>16,189,798</b>	<b>100.0%</b>
General Fund	119,045,754	131,572,978	53.7%	12,527,224	77.4%
State Special Fund	22,906,107	25,649,836	10.5%	2,743,729	16.9%
Federal Fund	86,737,000	87,655,845	35.8%	918,845	5.7%
	<b>228,688,861</b>	<b>244,878,659</b>	<b>100.0%</b>	<b>16,189,798</b>	<b>100.0%</b>